

DEPARTMENT OF HEALTH SERVICES

14/744 P STREET

BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1584



Date Issued: December 18, 1995

CMSP Letter: 95-12

To: All CMSP County Welfare Directors

Subject: REVISED CMSP CASELOAD MOVEMENT AND ACTIVITY REPORT
(FORM CMSP 237)

This letter transmits two camera ready copies of a revised version of the County Medical Services Program (CMSP) Caseload Movement and Activity Report (FORM CMSP 237). Counties should begin to use the revised form with the January 1996 reporting month. This revision deletes the MIA/UNDOS ACTIVITY ONLY (AID CODE 50) section (lines 13 and 14) which was a part of the previous edition. This information is now obtained directly from the Medi-Cal Eligibility Data System (MEDS), eliminating the need for separate reporting on the CMSP 237.

Enclosed with this letter you will find a copy of the "Instructions For Completing The CMSP 237" to be used in conjunction with this revised report. Completed forms should be submitted by the tenth working day after the close of the reporting month. The CMSP 237 data is used in tracking caseload trends for program and eligibility determination costs, timely and accurate submission is essential. In order to facilitate the process, counties should also note that faxed submission of the revised form is permitted in lieu of mailing the completed form directly to this Office. Under no circumstances should the CMSP 237 form be submitted to the Medi-Cal County Administrative Cost Control Unit.

If you have any questions about this letter please contact Mr. Albert Cooper of my staff at (916) 322- 1615. Thank you for you attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jim Martinez', with a stylized flourish at the end.

Jim Martinez, Chief
County Medical Services Program Unit

cc: Mr. Albert Cooper
Office of County Health Services
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

CASELOAD MOVEMENT AND ACTIVITY REPORT

(County Medical Services Program only)

Mail one copy to:

California Department of Health Services
Office of County Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320
Fax number: (916) 323-3350

County _____	Report month _____	_____, 19____
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INTAKE AND REDETERMINATION ACTIVITY

1. Pending applications on hand at beginning of month
2. New applications, reapplications, and restorations
3. Total applications disposed of during month (3a + 3b + 3c)

- a. Approvals
- b. Denials
- c. Withdrawals/other

3a.	
3b.	
3c.	

1.	
2.	
3.	

4. Pending applications carried forward to next month (1 + 2 - 3)
5. Retroactive CMSP applications disposed of during month (5a + 5b + 5c)

5a.	
5b.	
5c.	

4.	
5.	

- a. Approvals
- b. Denials
- c. Withdrawals/other

6. Annual redetermination of eligibility
7. Total intake and redetermination activity (3 + 5 + 6)

6.	
7.	

CONTINUING ACTIVITY

8. Continuing cases on hand at beginning of month
9. Cases added during month (9a + 9b)

- a. Cases added from intake (3a)
- b. Other approvals

9a.	
9b.	

8.	
9.	

10. Total continuing cases processed during month (8 + 9)

Cases discontinued during month

12. Continuing cases carried forward to next month (10 - 11)

10.	
11.	
12.	

County person to contact regarding this report

Telephone number

Date prepared

* This data will be used to compute total workload units, which are used as the basis for your CMSP eligibility allocation.

INSTRUCTIONS FOR COMPLETING THE CMSP 237

INTAKE AND REDETERMINATION ACTIVITY

LINE 1 - Count all pending applications on hand at the beginning of the month. This amount must agree with the amount shown on LINE 4 of the previous month's report. Show one application per CMSP Family Budget Unit (CFBU).

LINE 2 - Count all new applications, reapplications, and restorations received during the month. Count one application for each CFBU. Do not count applications for retroactive coverage as "applications" in this section. Do not count annual redeterminations as "reapplications" in this section.

LINE 3 - Count all applications disposed of during the month. Enter the total of LINES 3a, 3b, and 3c.

LINE 3a - The total number of applications approved during the report month.

LINE 3b - The total number of applications denied during the report month.

LINE 3c - The total number of applications withdrawn prior to a final determination of approval and/or denial.

LINE 4 - Count all applications pending at the end of the report month. Enter the result of ADDING LINE 1 and LINE 2 and SUBTRACTING LINE 3. The amount shown in LINE 4 must agree with the amount shown in LINE 1 of the following month's report.

LINE 5 - Count all applications for retroactive eligibility disposed during the month. Enter the total of LINES 5a, 5b, and 5c.

LINE 5a - The total number of retroactive applications approved during the report month.

LINE 5b - The total number of retroactive applications denied during the report month.

LINE 5c - The total number of retroactive applications withdrawn prior to a final determination of approval or denial.

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LINE 6 - Count all annual redeterminations. Do not include restorations or reapplications on this LINE.

LINE 7 - Count total intake and redetermination activity. Enter the total of LINES 3, 5, and 6.

CONTINUING ACTIVITY

LINE 8 - Count all approved cases on hand at the beginning of the report month. Do not include retroactive cases for which there is no ongoing eligibility. Do not include cases which were discontinued during the previous report month. The number of approved cases shown on LINE 8 must agree with the amount shown in LINE 12 of the previous month's report.

LINE 9 - Count all cases added during the month Enter the total of LINES 9a and 9b.

LINE 9a - Count total cases added from intake (LINE 3a). Do not include annual redeterminations (LINE 6).

LINE 9b - Count total number of other approvals, such as recinded discontinuances, recinded denials, reinstatements due to a hearing decision, etc. Do not count persons added to an existing, approved CFBU.

LINE 10 - Count total continuing cases processed during the report month. Enter the total of LINES 8 and 9.

LINE 11 - Count all CMSP cases discontinued during the report month. If the case remains open, do not count a discontinuance in cases where a person is dropped from the CFBU.

LINE 12 - Count all approved cases carried forward to the next reporting month. Enter the result subtracting LINE 11 from LINE 10. The amount shown in LINE 12 must agree with the amount shown in LINE 8 of the following month's report.